

Iowa Department of Public Health  
Office of Minority and Multicultural Health  
Strategic Plan  
2012 to 2017



## Table of Contents

Subject	Page(s)
Executive Summary	1 - 2
Planning Participants	3 – 4
Mission	5
Vision	5 – 6
General Demographics	7
Core Functions	8
Education	9 – 10
Advocacy	10 – 11
Data	11 – 12
Training and Development	12 – 13
Attachment	
Companion report	

Iowa Department of Public Health  
Office of Minority and Multicultural Health

Strategic Plan

FY 2012 to FY 2017

Executive Summary

The Iowa Department of Public Health Office of Minority and Multicultural Health Strategic Plan has been produced to develop, improve and implement effective methods to increase access to culturally and linguistically competent health care for all racial/ethnic populations statewide. The overarching goal is to eliminate disease specific health disparities that disproportionately impact the African American, Hispanic/Latino, Asian/Pacific Islander, Native American and immigrant and refugee populations in the state of Iowa. The focus of the time period of FY 2012 to FY 2017 will be to address health disparities especially in the areas of Cancer, Diabetes, HIV/AIDS, Cardiovascular Disease, Maternal and Child Health, Mental Health, Heart Disease/Stroke, Obesity, Oral Health, Pulmonary Disease, Substance and Tobacco Abuse and adolescent healthy lifestyle choices. The foundation of the strategic plan was developed utilizing outcomes produced through the goals and objectives of key documents including Healthy Iowans 2020, OMMH Strategic Plan FY' 2007 to FY' 2011, Department of Health and Human Services Office of Minority Health State Partnership Funding Grant Reports, Department of Health and Human Services National Partnership for Action and National Plan for Action resources and research studies conducted by the University of Northern Iowa Center on Health Disparities disease impact reports. The strategic framework presented in this document is aimed at developing the infrastructure of the Iowa Department of Public Health Office of Minority and Multicultural Health to effectively address and eliminate health disparities for racial/ethnic populations statewide through health planning, policy development, health promotion and disease prevention, education, training, technical assistance, and building cultural competency.

The Office of Minority and Multicultural Health has implemented several education and outreach strategies to eliminate health disparities. In doing so, we realize that cultural differences between providers and patients affect the provider-patient relationship. How patients feel about the quality of that relationship is directly linked to patient satisfaction, adherence, and subsequent health outcomes. It has also been shown to influence whether patients continue to see a health care provider or even remain enrolled in a health care plan. If the cultural differences between patients and providers are not recognized, explored, and reflected in the medical encounter, patient

health outcomes may suffer. Bridging cultural differences presents a challenge, however. One problem that both patients and providers bring to their interaction is biases, many of which cause barriers to health care service.

(source:[http://www.idph.state.ia.us/adper/common/pdf/disease\\_prevention\\_immunization/comp\\_hiv\\_2009/chapter\\_8.pdf](http://www.idph.state.ia.us/adper/common/pdf/disease_prevention_immunization/comp_hiv_2009/chapter_8.pdf) p.18 - 19)

The Iowa Department of Public Health Office of Minority and Multicultural Health (OMMH) invited 25 representatives, inclusive of its 15 member advisory council representing the 6 local public health service regions and key stakeholders throughout the state of Iowa to review accomplishments, successes and barriers of the 2007 to 2011 strategic plan and lay the foundation and direction for the 2012 to 2017 strategic roadmap, as the office strengthens its infrastructure, enhances its networks and resources to continue to meet its mission.

This two day strategic planning session brought forth the consensus of maintaining the four major function areas held within the 2007 to 2011 strategic plan. Those four areas are: education, advocacy, data and training and development.

Iowa Department of Public Health Office of Minority and Multicultural Health  
Strategic Planning Invited Participants

**Sal Alaniz** – OMMH Advisory Council Member, Region 5, Mt. Pleasant, IA  
Chair/Commission, Dept. of Human Rights, IA Commission on Latino Affairs, Diversity  
Action Team member

**Judy Allen**, OMMH Advisory Council Member, Region 4, Council Bluffs, IA  
Chair/Commissioner, Dept. of Human Rights, IA Commission on Native American  
Affairs

**Christian Blackcloud-Garcia**, Executive Director for the Tribe, Sac and fox Tribe of the  
Mississippi in Iowa, Meskwaki Tribal Health Clinic, Tama, IA

**Kim Cheeks**, Program Planner, IA Department of Human Rights, Commission on the  
Status of African Americans (statewide programming)

**Ana Christianson**, Interpretation Services Coordinator, Mercy Medical Center, North-  
Iowa, Mason City, IA

**Julius Conner, M.D.** - OMMH Advisory Council Member, Region 1, Des Moines, IA  
Retired Physician, Former Medical Director of the Polk County Health Department

**Belinda Creighton-Smith, MDiv**, Pastor, Faith Temple Baptist Church, Waterloo, IA  
Criminal and Juvenile Justice Disproportionate Minorities Incarcerated Committee and  
Consultant

**Paul Danforth, LISW, MSW** – Mental Health Therapist, Des Moines, IA, specialist  
African American mental health issues.

**Diane Daniels**, Family Health advocate, Community Health Partners of Sioux County.

**Belinda DeBolt, MPH** – OMMH Advisory Council Member, Region 4, Shenandoah, IA  
Administrator, Page County Public Health Department, Shenandoah, IA

**Cesar DeLeon** – OMMH Advisory Council Member, Region 1, Des Moines, IA  
Community Activists, Spanish Interpreter, Tobacco Consultant

**Rudy Papakee, MPH**, Health Director, Meskwaki Tribal Health Center, Tama, IA

**Dawn Forrester-Price**, OMMH Advisory Council Member, Region 6, Cedar Rapids, IA  
Adjunct Faculty/Refugee and International Student Advisory staff, Kirkwood Community  
College, Cedar Rapids, IA

**Judy Morrison** – OMMH Advisory Council Member, Region 6, Iowa City, IA  
Executive Director, 7 Feathers, Native American health consultant, Community Activists

**Cecila R. Peralta, MD**, OMMH Advisory Council Member, Region 1, Fort Dodge, IA  
Consultant Asian/Pacific Islander Community

**Rosa Inciong Reyes, MD**, OMMH Advisory Council Member, Region 1, Clive, IA  
Community Partner/Consultant Asian/Pacific Islander Community

**Rey Solis**, OMMH Advisory Council Member, Region 2, Clarion, IA  
Wright County Medical Services Senior Interpreter, Consultant Latino Community  
Health issues.

**Alisa Walker, MSW**, OMMH Advisory Council Member, Region 6, Waterloo, IA  
Medicaid Specialist, Social Services Dept. Allen's Hospital, Blackhawk County

**Kim Westerholm, RN, MA**, OMMH Advisory Council Member, Region 3, Orange City,  
IA, Community Health Partners, Sioux County Public Health Department

**Judy Yellowbank**, OMMH Advisory Council Member, Region 3, Sioux City, IA  
Administration/Volunteer Services, Four Directions Native American community center,  
Sioux City, IA

**Judith Young-bear-Bender**, Tribal Council Health Liaison, Sac and Fox Tribe of the  
Mississippi In Iowa.

#### **Additional Assistance**

**Michele Devlin, PhD**, Professor and director, Iowa center on Health Disparities,  
University of Northern Iowa. Expertise – the changing demographics and health  
disparities in Iowa. Workshop presented during strategic planning sessions

**Janice Edmunds-Wells, MSW**, Executive Director, IA Department of Public Health  
Office of Minority and Multicultural Health, Planning and implementation

**Marcia Sisk, MA, PhD candidate**, Planning and facilitation

## **Mission and Vision**

### **Mission of the IDPH Office of Minority and Multicultural Health**

The Iowa Department of Public Health (IDPH) Office of Minority and Multicultural Health exist to actively promote and facilitate “health equity” for Iowa’s minority and multicultural communities.

### **Vision of the IDPH Office of Minority and Multicultural Health**

The Iowa Department of Public Health (IDPH) Office of Minority and Multicultural Health envisions the state of Iowa with 100 percent health care access and zero percent health disparity for Iowa’s minority and multicultural communities.

The mission and vision statements were developed during the FY 2007 to FY 2011 strategic planning process with review and inclusion of statements within the FY 2012 to 2107 strategic plan.

The definition of multicultural is inclusive of communities of racial, ethnic and/or linguistic diversity. The mission, vision and practices of the IDPH Office of Minority and Multicultural Health (OMMH) are driven and instructed by the following:

- ✓ OMMH must continue to be a public health advocate for Iowa’s multicultural communities, of whom many are disenfranchised or unempowered.
- ✓ OMMH must continue to provide public health leadership regarding existing or potential issues or practices that can or could affect the health status of multicultural individuals and families, immigrants and refugees in the state of Iowa.
- ✓ OMMH must continue to assist in the creation and expansion of a climate of “inclusiveness” in the public health sector on state, regional and local levels by partnering and networking and providing resources to its minority and multicultural constituents in Iowa to help them improve their collective health status.

- ✓ OMMMH must continue to actively promote continuous cultural competency in health care practice and education throughout Iowa's public health care sector and Department of Public Health programming and administration.
- ✓ OMMMH must continue to be sustained and acquire adequate resources (financial and human) to build an infrastructure that will enable it to meet its current charge and the challenges of the future.
- ✓ OMMMH must develop resources within the racial/ethnic diverse communities through the expansion of its "consultant construction" projects. These projects are designed to build the infrastructure of the OMMH program. It is also designed to increase and enhance the workforce of those racial/ethnic diverse individuals with specific expertise in community development, partnership building, and community activities which address health disparities within their communities.
- ✓ OMMMH must continue to ensure that barriers to multicultural health disparities data are addressed. Iowa is experiencing growing "microplurality" (small numbers of immigrants from a wide variety of countries) that leads to greater need of more complex and labor intensive methods to collect data in real time for mobile and hard-to-reach populations.
- ✓ OMMMH must continue to be a voice and a bridge of the diverse communities in addressing health disparities and health equity within the state of Iowa.

The general demographic characteristics of the diverse population size for the state of Iowa consist of:

**Population (2012)** 3,074,186

**Race and Hispanic or Latino (2011)<sup>1</sup>**

- White alone: 91.5%
- Black or African American alone: 2.9%
- American Indian and Alaska Native alone: 0.4%
- Asian alone: 1.8%
- Native Hawaiian and Other Pacific Islander alone: 0.1%
- Two or more races: 1.4%
- Hispanic or Latino (of any race): 5.0%

**Nativity and citizenship (2011)<sup>1</sup>**

- Native: 95.6%
- Foreign-born: 4.4%
  - Naturalized citizen: 37.6%
  - Not a citizen: 62.4%

**Language spoken at home (2011)<sup>1</sup>**

- English only: 92.7%
- Spanish: 4.0%
- Asian and Pacific Islander: 1.1%
- Other: 1.8%

**Ancestry (single or multiple) (2010)<sup>1</sup>**

German: 37.8%                      Irish: 14.5%                      Other: 47.7%

**Urban and rural population (2010)**

Urban: 64.02%

Rural: 35.98%

(source <http://www.iowadatacenter.org/quickfacts>)

The core functions of the business of the IDPH Office of Minority and Multicultural Health are the processes by which the office's strategic initiatives will be actualized. These functions help build the infrastructure and have been determined to be the following:

- Education
- Advocacy
- Data
- Training and Development

The strengths of the IDPH Office of Minority and Multicultural Health (OMMH) are that it continues to strive and function through dedication and its committed Executive Director and Advisory Council membership. The director and council members labor extensively and invest their knowledge, resources and passion into the mission and work of OMMH. In 2010 and due to the codification of the office in 2006, OMMH was able to secure a three year Department of Health and Human Services Office of Minority Health state partnership funding grant (2010 – 2013). The OMMH continues to develop meaningful partnerships and works in collaboration with nonprofit, grassroots, faith based, academic and educational institutions, healthcare providers and professionals, volunteers, governmental entities, Native American communities, local public health agencies, individuals of all ages and commissions in the state. These relationships have and continue to provide an informal source of support, information and linkages to other resources for OMMH.

However, weakness which still prevails is that the OMMH is understaffed as there is only one FTE (Executive Director) who handles all the work of the program. With state partnership grant funds OMMH has acquired .10 time of a grants manager. Aside from the (2010 – 2013) grant award, there is no direct stream of funding to the OMMH and a consistent search is maintained to ensure the sustainability of the office. There is the threat that if adequate, sustained funding is not secured for OMMH it could result in the loss of staff and the ultimate dismantling of the office. When we compare the issues the OMMH is expected to address, the strategic plan must continue to include securing of needed funds and adequate staff. There also continues to be a need to efficiently aggregate, access, track, monitor and distribute data on the health status of multicultural groups in Iowa. Although great strides have been made, much more is still needed. The OMMH's linguistic communications and resources are limited. This too will remain a key component of future strategic planning.

Iowa's values for sharing its resources, providing safe harbor, its strong work ethic and faith are values that complement the OMMH's commitment to "health equity". And it is with these values in mind, that OMMH is optimistic that the weaknesses that are now being experienced will be changed within the next five years of their current strategic planning processes.

**Core Function: Education**

The action or process of educating for the knowledge and development of learning tools and strategies to increase the skills and knowledge of collaborative partners to understand program goals and objectives in the elimination of health disparities and to provide culturally and linguistically competent health care services. It is also utilized to raise awareness about health disparities including descriptions of health disparities and their causes. Cultural competency is defined by the US Dept. of Health and Human Services as “the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial groups.”

Strategic Initiative: Health promotion and chronic disease prevention with and on behalf of Iowa’s diverse communities

Goal 1: To provide educational workshops and training in addressing health disparities to health professionals and constituents throughout the state of Iowa

Objective 1.1 To assure that continuous culture competency standards are applied to all health information, emanating from the Iowa Dept. of Public Health

Objective 1.2 Create and conduct social marketing campaigns to address and support the National Plan for Action (US Dept. of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities) in response to a community-driven national stakeholder strategy for achieving health equity.

Objective 1.3 Provide educational workshops and trainings to all Iowa Dept. of Public Health grantees, and programs to increase knowledge base of Iowa’s diverse communities.

Objective 1.4 Provide educational workshops and trainings to all of Iowa’s regent and academic institutions to enhance and increase knowledge base pertaining to the health needs and disparities of Iowa’s diverse communities.

Objective 1.5 To be a multicultural health resource to the general public of the state of Iowa.

Performance Measurements: (include buy not limited to)

Number of request and access through OMMH lending library

Number of request for health information which is racial/ethnic specific

Number of request for educational workshops

- Number of completed educational workshops completed by OMMH staff
- Number of participants in attendance at educational workshops
- Number of approved IDPH health information materials
- Number of educational informational relays, summits, presentations by OMMH Advisory council members – regional specific.

**Core Function:                      Advocacy**

Health planning is the process of defining community health challenges, identifying needs and resources, establishing priority goals and setting the administrative action needed to reach those goals. Within advocacy we will address policy development, as a course of action chosen to support and ensure the goals of eliminating health disparities. This function will also engage others in conversations about the problem and solutions and tools to guide efforts to promote programs and policies for change.

Strategic Initiative: To create a regional OMMH presence and service system in each of the Iowa Department of Public Health local public health services regions.

Goal 2: To continue to foster an active, influential and statewide climate of support for the Iowa Dept. of Public Health Office of Minority and Multicultural Health and its constituents and to advocate for statewide policies and practices that support the mission and vision of the OMMH.

- Objective 2.1                      Sustainability of the Office of Minority Health Advisory council within administrative rules to inform and advise IDPH, OMMH and policy makers on issues relevant to multicultural health
- Objective 2.2                      Determine critical policies and areas of advocacy in which the council must engage and provide framework for relay of interactions.
- Objective 2.3                      Provide educational workshops for OMMH advisory council members on advocacy and working with legislators and key stakeholders.
- Objective 2.4                      Monitor and analyze the health status indicators of the multicultural communities in each council’s region and to communicate/inform the OMMH and the public in the coalitions’ region of any unique, unanticipated developments in the health status of the multicultural communities in the respective region.
- Objective 2.5                      Advocate for sustainable infrastructure and funding for the OMMH

Performance Measures:

Analysis of health status indicators and recommendation from OMMH

Funds or partnerships that yield sustainability of OMMH and program activities.

Inclusion of advocacy education within OMMH Advisory Council meetings.

**Core Function:                      Data**

To understand the health status of Iowa's multicultural communities, i.e., to create a "knowledge bridge" whereby data becomes information and information becomes knowledge, OMMH will collect and provide valid empirical information on the health status of multicultural groups in Iowa.

Goal 3: To conduct and assess current available data on the health status of Iowa's minority and multicultural communities to determine gaps and other data difficulties.

Objective 3.1                      To collaborate with other entities to access and share minority/multicultural health status data through the appointment to internal and external organizations, committees and grant resources where racial/ethnic data extrapolation is specific to funding streams.

Objective 3.2                      To develop a mechanism or resource base where data pertaining to the health disparities can be retrieved which is user friendly and constituent accessible.

Objective 3.3                      To develop and maintain a data management plan that addresses data aggregation, analysis, monitoring, dissemination, policy and staffing

Objective 3.4                      To be a voice to ensure that the inclusion of racial/ethnic data collection is increased within the Data Warehouse, IDPH programming especially when the numbers are too small for statistical extrapolation.

Performance Measure:

Provision of services via committees, grant development and networks served on by OMMH staff and council members

Number of resources acquired and made accessible to OMMH and constituents

Number of health status reports requested and distributed to organizations and individual throughout the state

Change in health status indicators for the minority/multicultural communities in Iowa.

Compilation and release of a report on multicultural health disparities in Iowa within three years.

**Core Function: Training and Development**

Training in conjunction with education and technical assistance is the process that increases the skills and knowledge of collaborative partners to understand program goals and objectives in the elimination of health disparities and to provide culturally and linguistically competent health care services.

Goal 4: To institutionalize continuous cultural competency in the provision of health care and in the education of health care providers throughout Iowa.

Objective 4.1 To deliver innovative solutions to disparities in health and health care at a time when urgent action and leadership are needed.

Objective 4.2 To facilitate cultural competency training to state and local public health partners aimed at improving program planning and delivery of health care services

Objective 4.3 Promote public education and awareness of racial/ethnic health issues, prevention initiatives and access to quality healthcare

Objective 4.5 Provide technical assistance, promoting inclusivity by partnerships for cultural competency throughout the organization

Objective 4.6 Promote public health standards and provide on-going education pertaining to effective and sensitive delivery of education of the community and the health professionals.

**Performance Measures**

Number of completed trainings and technical assistance sessions

Demographic information of all trainings and participants including type of health program, geographic location, racial/ethnic populations served and types of interventions delivered.

Participant feedback, comments and completed training evaluations

Number of areas of improvement with recommendations for action identified through trainer and participant feedback